

# Out-of-Attendance Area Application



AP 305 – Form 1b

Student residing outside Division

**Transfer requests for a particular school may be approved only if space, resources & required programming are available at the FSD REQUESTED school**

**STEP 1:** Parent/Guardian completes (PART A) and meets with the Principal of the FSD **DESIGNATED** school to discuss the rationale for the Out-of-Attendance Area Application.

**STEP 2:** The Principal of the FSD **DESIGNATED** school signs (PART B) to indicate a meeting with the Parent/Guardian has occurred.

**STEP 3:** If still interested, the Parent/Guardian may submit the Application to the Principal of the **REQUESTED** school with rationale for request. Applications will be processed prior to May 31<sup>st</sup> from the upcoming school year.

**STEP 4:** If the Application is not supported, the Parent/Guardian may appeal the decision by submitting the Application and supporting documentation to the Superintendent or Designate. The Parent/Guardian will receive a formal letter from the Superintendent or Designate advising them of the decision.

**Parent/Guardian will be responsible to provide transportation to the FSD REQUESTED school.**

**PART A: Parent/Guardian/Independent Student to complete section below.**

Student Name:							
<input type="checkbox"/> Male <input type="checkbox"/> Female	(last)	(first)	(middle)	Date of Birth:	(month)	(day)	(year)
<b>CURRENT</b> School:			<b>CURRENT</b> Grade:			<b>DESIGNATED</b> School:	
<b>REQUESTED</b> School:			<b>REQUESTED</b> Grade:			Requested for the 20____- 20____ school year	
Residence Address: (or 911 Address)				Postal Code:			
Name of Parent/ Guardian/Independent Student		(last)	(first)	Home Phone:			
Mr. Mrs. Ms. Dr.		Email Address:		Business Phone:			
				Cell:			
Name of Parent/ Guardian/Independent Student		(last)	(first)	Home Phone:			
Mr. Mrs. Ms. Dr.		Email Address:		Business Phone:			
				Cell:			
<b>Signature of Parent/Guardian/Independent Student:</b>				<b>Date of Request:</b>			

**ATTACH A LETTER OF RATIONALE** that must specify in detail the educational, psychological/emotional, or medical needs of your child and why the **REQUESTED** school would be better able to meet those needs (attach letters of support from trained professionals).

**PART B: Principal of REQUESTED school to complete section below.**

Approved  Not Approved	Rationale:
Signature of Principal:	Date: